## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	2- <u>23-07</u>	Address:	St. Rd 101 South of
Case #:	<u>22-41867</u>		Campbell Rd
County:	Allen		East ditch
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel  ☑ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: 20 lbs modified cylinder			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Fire Department: Northeast Allen Co Fire  Health Department: Allen County  Child Protection Service:		Fax: 260-627-8953 Fax: 260-427-1391 Fax:	
For further information regarding this methamphetamine laboratory, contact investigating Officer: <u>Tpr. Rob Smith</u> Phone <u>260-432-8661</u>			
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.